

LME Monitoring Procedure of Current Medicaid Enrolled Providers of CAP-MR/DD Services Compliance to Staff Qualifications and Staff Training/Competencies Requirements
and
LME Monitoring Procedure of Current Medicaid Enrolled Providers of CAP-MR/DD Services Who Intend to Provide Home Supports
Effective 11-08

I. Current Medicaid enrolled providers of CAP-MR/DD services must follow the guidelines noted below:

A. Current Medicaid enrolled providers of CAP-MR/DD services who intend to continue to deliver the CAP-MR/DD services of Adult Day Health, Crisis Services, Day Supports, Home and Community Supports, Personal Care, Residential Supports, Respite and Supported Employment are required to submit a **signed Attestation Letter** to the LME in which the corporate location of the provider is located indicating:

- their understanding of the new staff qualifications and staff training/competencies requirements; and
- attesting to their compliance of the added staff qualifications and staff training/competencies requirements prior to delivering the services

B. Current Medicaid enrolled providers of the CAP/MR-DD services of Residential Supports or Home and Community Supports or Personal Care Services who intend to provide the new Home Supports service are required to submit a **signed Attestation Letter** to the LME in which the corporate location of the provider is located indicating:

- their understanding of the Home Supports service definition
- compliance to the Home Supports service definition requirements

C. Current Medicaid enrolled providers of any CAP-MR/DD service except for Residential Supports, Home and Community Supports and Personal Care Services who currently employ parents, family members and/or guardians who provide paid support to their adult child and intend to provide the new Home Supports service are required to submit a **signed Attestation Letter (Attestation Letter II)** to the LME in which the corporate location of the provider is located indicating:

- their understanding of the Home Supports service definition
- compliance to the Home Supports service definition

II. LME(s) are required to complete a monitoring review of the providers. The time frames and procedures indicated below should be followed:

A. Monitoring procedures of current Medicaid enrolled providers of CAP-MR/DD services who intend to continue to deliver the CAP-MR/DD services of Adult Day Health, Crisis Services, Day Supports, Home and Community Supports, Personal Care, Residential Supports, Respite and Supported Employment:

- After receiving the signed attestation letter from the provider, the LME will request 10% or 15 personnel records (whichever is less) of the corporate site's personnel records.

The LME will review ONLY the additional staff qualifications and staff training/competencies requirements of those 10% or 15 personnel records. The LME will review documentation that the required training has occurred. This should include a copy of a certificate from approved First Aid and CPR trainers and documentation of completion of the core competencies and other refresher training certificates. This should include signatures of the staff and supervisor verifying the training has occurred.

- Monitoring should occur within 60 days of 11-01-08 (01-01-09) **or** provider delivery of the service, to ensure compliance to the new requirements.
- The LME will confirm the monitoring review has occurred and the provider's compliance to the staff qualifications and staff training/competencies via the standard *Acknowledgement of Compliance* letter to the provider.
- If the LME finds the personnel records do not show evidence of compliance to the required staff qualifications, and staff training/competencies requirements, the LME will initiate the Plan of Correction process with the provider, as required in the *DMH/DD/SAS Policy and Procedures for Endorsement of Providers of Medicaid Reimbursable MH/DD/SA Services*.

*If a provider has multiple sites, throughout the state, providing CAP-MR/DD waiver services and has been approved by the LME in which the corporate location of the provider is located, the provider will forward the standard *Acknowledgement of Compliance* letter to the other LME(s) with whom they have a signed Memorandum of Agreement. All LMEs must accept the corporate office LME's monitoring review decision and shall not require providers to submit any additional information to the LME related to this activity/requirement.

B. Current Medicaid enrolled providers of the CAP-MR/DD services of Residential Supports or Home and Community Supports or Personal Care Services who intend to provide the new Home Supports service:

- A monitoring review (completed by the LME located in the catchment area where the provider's corporate office is located) should occur within 60 days of 11-01-08 (01-01-09) **or** provider delivery of service to ensure compliance to the Home Supports definition. The Home Supports endorsement check sheet and instructions should be used to complete the monitoring review and the procedures outlined in the *DMH/DD/SAS Policy and Procedures for Endorsement of Providers of Medicaid Reimbursable MH/DD/SA Services* should be followed.
- The LME will confirm the monitoring review has occurred and whether the provider complies with the Home Supports definition via the standard *Acknowledgement of Compliance* letter to the provider.

C. Current Medicaid enrolled providers of any CAP-MR/DD service except for Residential Supports, Home and Community Supports and Personal Care Services who

currently employ parents, family members and/or guardians who provide paid support to their adult child and intend to provide the new Home Supports service:

- A monitoring review (completed by the LME located in the catchment area where the provider's corporate office is located) should occur within 30 days of 11-01-08 **or** provider delivery of service to ensure compliance to the Home Supports definition. The Home Supports endorsement check sheet and instructions should be used to complete the monitoring review and the procedures outlined in the *DMH/DD/SAS Policy and Procedures for Endorsement of Providers of Medicaid Reimbursable MH/DD/SA Services* should be followed.
- The LME will confirm the monitoring review has occurred and whether the provider complies with the Home Supports definition via the standard *Acknowledgement of Compliance* letter to the provider.

DMH/DD/SAS will verify the completion of the LME monitoring of providers and provide the available information to DMA when requested.